PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required, Blacket I through 5 should be completed where appropriate All I further correspondence including the Pattent, advance orders and notification of maintenance fees will be mailed to the furured correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance for notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

ATTN: IBM37 315 SOUTH BE	YNES & VICTO VERLY DRIVE, S			have	its own certificate	of mai	ling or transmission.	nission deposited with the United telass mail in an envelope above, or being facsimile the indicated below,
BEVERLY HIL	LS, CA 90212							(Depositor's name)
								(Signature)
								(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN			ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/038,165 TITLE OF INVENTION	01/02/2002 : METHOD, SYSTEM	AND PROGRAM FO	David Alan Burd OR DIRECT CLIENT FII		CESS IN A DATA		C920010058US1 AGEMENT SYSTEM	7814
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300		\$0		\$1700	12/27/2006
EXAMINER		ART UNIT	CLASS-SUBCLAS	.ASS				
BETIT, J	ACOB F	2164	707-010000		•			
Change of corresp Address form PTO'SI Pree Address in a PTO'SBAT', Rev 03-6 Number is required. ASSIGNEE NAME. A. ASSIGNEE NAME. A. ASSIGNEE NAME. (A) NAME OF ASSIGNAME.	ND RESIDENCE DAT. less an assignce is ident h in 37 CFR 3.11. Com GNEE tional Bus	ange of Corresponden "Indication form ned. Use of a Custom A TO BE PRINTED iffied below, no assignation of this form is SINESS Ma	(1) the names of or agents OR, alt (2) the name of registered attorns 2 registered attorns 2 registered pater listed, no name of the name	up to ernative single y or a nt atto rill be or typ the peng an	e firm (having as a geent) and the nammeys or agents. If printed. be) atcnt. If an assign assignment. and STATE OR Co	nt attorn n memb less of up no nam	cra 2 <u>Yonfac</u> p to p to c is 3 entified below, the do RY) Armank,	anath Dutta Raynes EVic Li Li New York
a. The following fee(s)	are submitted:		4b. Payment of Fee(s) A check is enclo	(Plea sed.	se first reapply as	ny prev	iously paid issue fee s	thown above) Tolency, or credit any actra copy of this form).
	tus (from status indicate is SMALL ENTITY stat		☐ b. Applicant is	ю юп	ger claiming SMAI	LL ENT	TITY status. See 37 CF	R 1.27(g)(2).
								e assignee or other party in
Authorized Signature Typed or printed nam This collection of inform In application. Confiden ubmitting the complete ins form and/or suggest lox 1450, Alexandria, Viginia 23	tation is required by 37 of taility is governed by 35 of the state of	Victor CFR 1.311. The inform U.S.C. 122 and 37 (c. USFTO. Time will arden, should be sent of North SEND FEES	mation is required to obta FR 1,14. This collection vary depending upon the to the Chief Information OR COMPLETED FOR	in or r is est indiv Office MS TO	Pate	he publiminutes omment Traden S. SENI	ic which is to file (and to complete, including s on the amount of tirr bark Office, U.S. Depa of TO: Commissioner f	by the USPTO to process; g gathering, preparing, and ic you require to complete truncnt of Commerce, P.O. or Patents, P.O. Box 1450.
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